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**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
BENCHMARKS**

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POLICY: Biennial benchmarks have been defined and established to assure that each paramedic has the opportunity to adequately perform and maintain proficiency in their skills. Benchmarks will be used to assist the EMS Medical Director in evaluating the performance and expertise of the system paramedics.

Benchmark tracking will begin at the time of paramedic licensure and will cover a specific 2-year period.

Benchmark reports will be generated semi-annually and provided to each active paramedic. This will enable paramedics to self-monitor the status of their benchmarks.

Benchmarks will be collected internally from the EMS database. The Medical Director will also accept validated documentation of outside benchmarks on a case-by-case basis.

Any active full- or limited-practice paramedic not meeting the biennial benchmarks will be required to demonstrate competency in the skills where they fall short of their benchmarks to maintain practice privileges. Special Reserve paramedics are strongly encouraged to maintain their benchmarks.

Questions regarding the accuracy of a paramedic's benchmarks should be forwarded to the Quality Manager for review.

Criteria definition and requirements:

Event	Definition	24 Month Benchmark
Patient contact	Each paramedic on scene is credited with one patient contact.	160
Team leader / Report writer	Acquires the patient's history, documents and directs overall scene care.	40
Endotracheal intubation	Successful placement, oral or nasal route	2
Intravenous start	Successful placement, peripheral or external jugular location	24
Medication administrations	By any route: IV, IO, SQ, ET, aerosol, rectal	24
12-lead ECG	Successful acquisition, interpretation, and transmission of a 12-lead ECG to the MC EMS Communications Center	20

IV= Intravenous; IO= Intraosseous; SQ= Subcutaneous; ET= Endotracheal; ECG = Electrocardiogram